

REMARKS

Claims 2-12 are currently pending in the application. Claim 1 is canceled. Claims 2-3, 6-7 and 9-12 are amended. Claim 2 is rewritten as an independent claim, and claims 6-7 and 9-11 are amended to depend from claim 2 rather than claim 1. Claim 12 is amended to recite the tissue apposition device disclosed throughout the specification, claims and drawings as originally filed. See, *e.g.*, page 3, line 27 to page 4, line 2. Claims 2 and 9 are also amended to correct informalities as noted by the examiner, which would have been obvious to the reader, and which do not affect the scope of these claims. No new matter is added.

Information Disclosure Statement

An information disclosure statement (IDS) is being filed concurrently herewith. Entry of the IDS is respectfully requested.

APPLICANTS' INVENTION

Applicants' invention is an integrated endoscope and treatment accessory, such as a tissue suturing device. The overall device includes an endoscope shaft with working channels and space for operative control elements of the treatment accessory, and a control mechanism for the accessory mounted at the proximal end of the endoscope. The tissue suturing device includes a suction port for aspirating in tissue, and a needle that is longitudinally slidable through the accessory to penetrate tissue that has been aspirated into the suction port.

CITED ART

U.S. Pat. No. 6,689,130 to Arai *et al.* ("Arai")

Arai discloses a high-frequency incising apparatus for resecting mucosa for biopsies. The incising apparatus 1 includes a hood 2 inserted into a body, a connector 3, and a cable 4 for connecting the hood to the connector 3. The hood 2 has a cylindrical main portion 5 and an attaching portion 6, for detachably attaching to the end of an endoscope 10. The hood 2 is shown in Figs. 2 and 3. An incision line 15 is made of a metal wire of high conductivity (col. 10, lines 30-34), which is used to resect the mucosa by application of high-frequency current (cols. 3-4).

U.S. Pat. No. 5,897,487 to Ouchi ("Ouchi")

Ouchi discloses a front end hood for an endoscope, which allows for observation of a diseased portion of tissue with little distortion. The front end of the hood 3 is pressed up against tissue 100, a vacuum is applied, and the tissue is then sucked into the hood. Tissue held in this way is stated to allow for an observation image that is less distorted than that obtained with other methods.

After the tissue has been sucked into the hood, sheath 21 is pushed forward while operating wire 22 is pulled. Operating wire 22 is attached to ligature loop wire 10, which resides in an annular groove 4 formed in the front end of the hood 3. The pulling of operating wire 22 causes the loop 12 of ligature loop wire 10 to be reduced and removed from the annular groove, trapping the diseased portion of tissue in the loop.

Claim Objections

Claims 2 and 9 were objected to for informalities. These claims have been amended as suggested by the examiner, and the objections may now be withdrawn.

Claim Rejections

Claims 1-3 were rejected as anticipated by Arai. The office action states that with regard to claim 1, Arai discloses an incising apparatus 1 with a hood 2, a cable 4, a line 20 that extends the length of the endoscope 10 for attachment to an incision line 15 and a connection terminal 32 at the proximal end of the endoscope for controlling lines 20 and incision line 15. The action also states that with regard to claims 2 and 3, Fig. 2 of Arai shows that hood 2 has a cutout portion 7. The action states the position that cutout portion 7 constitutes a suction port, and incising line 15 constitutes a needle.

Applicants respectfully disagree with this interpretation of the Arai devices. There is no teaching or suggestion in Arai that cutout 7 serves as a suction port, or that any vacuum is supplied to it. Cutout 7 of the Arai device therefore cannot be interpreted to constitute the suction port of applicants' claims.

Likewise, the amended claims disclose a needle that is longitudinally slidable through the treatment accessory to penetrate tissue that has been aspirated into the suction port. The incision

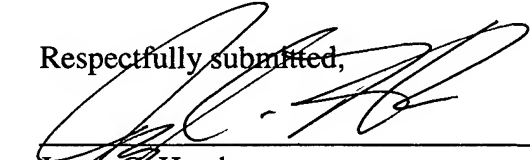
line of the Arai devices is not positioned to be capable of sliding longitudinally. As clearly shown in Figs. 2 and 4 of Arai, the incision line 15 is positioned crosswise relative to the rest of the device. Furthermore, the incision line is used for cutting and resecting the mucosal tissue, and does not penetrate the tissue as a needle does.

Arai therefore cannot anticipate the amended claims, and the rejection on the basis of this reference should be reconsidered and withdrawn.

Claims 1, 11 and 12 were also rejected as anticipated by Ouchi. Amended claim 11 depends from claim 2, and therefore includes a needle that is longitudinally slidable through the treatment accessory to penetrate tissue that has been aspirated into the suction port. Amended claim 12 states that the endoscope has at its distal end an integrated tissue apposition device that includes at least one suction port and at least one needle longitudinally slidable through the tissue apposition device. A longitudinally slidable needle is neither taught nor suggested by Ouchi, and this reference therefore cannot anticipate these claims. Applicants therefore respectfully request that the rejection on this basis be reconsidered and withdrawn.

Applicants submit that all of the claims are now in condition for allowance, which action is requested. Please apply any charges or credits to deposit account no. 50-1721.

Respectfully submitted,



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Amendments to the Drawings:

The attached sheets includes changes to Fig. 4C.

Sheet 1 includes a marked-up version of Fig. 4C, showing the change of reference numeral “68” to “58” to correspond with this reference numeral as shown in Figs. 4A and 4D, and as discussed in the specification at page 9, lines 6-15, and page 10, line 24 to page 11, line 12.

Sheet 2 is a new formal drawing of Fig. 4C and 4D, and replaces the previously-filed sheet that includes these two figures.



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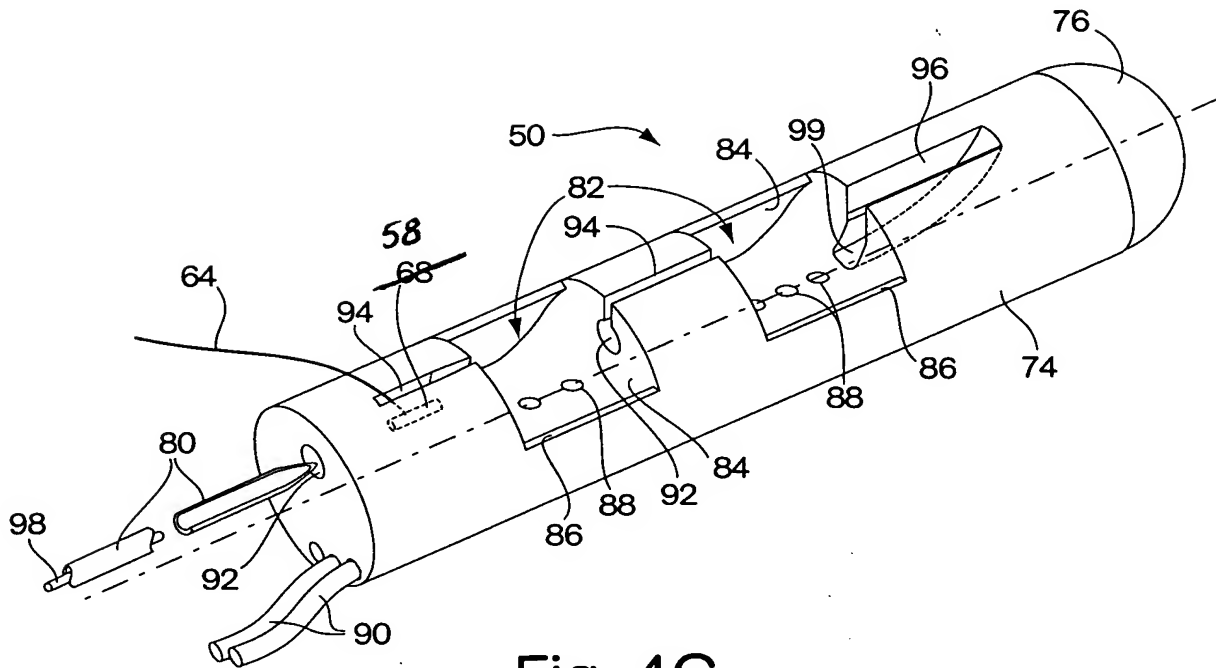


Fig. 4C

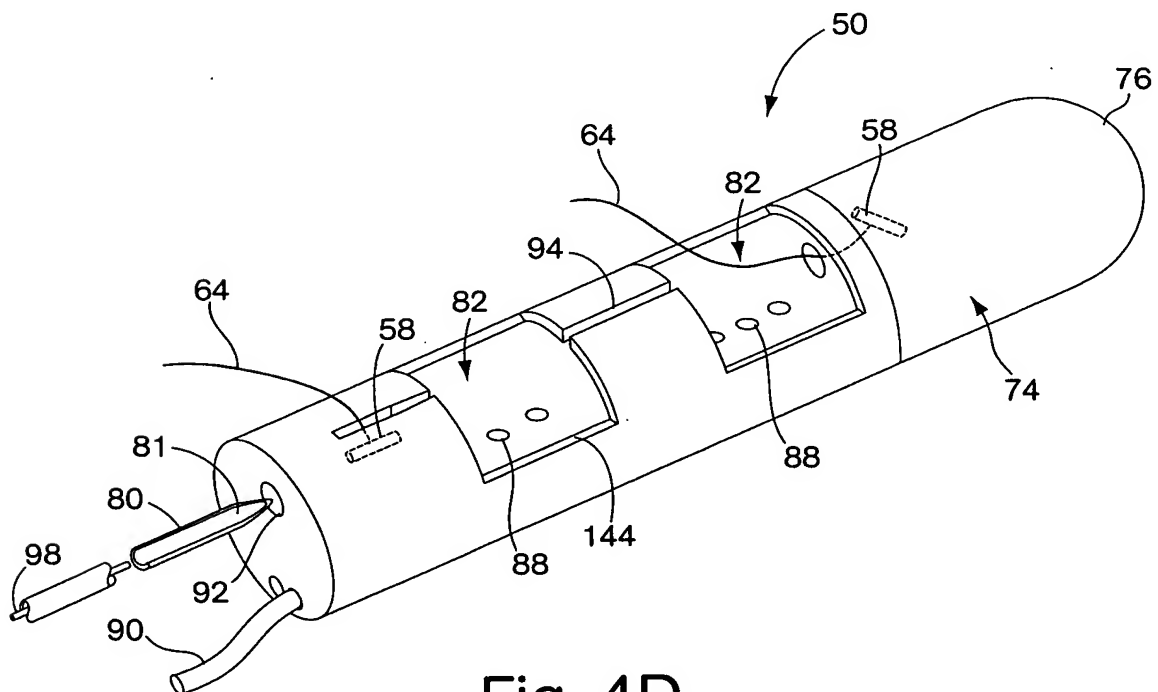


Fig. 4D